

PTO/SB/21 (09-04)

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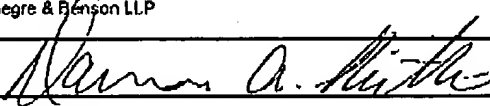
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/982,721	
	Filing Date	10/18/2001	
	First Named Inventor	Slcombe et al.	
	Art Unit	2154	
	Examiner Name	Patel, Ashokkumar B.	
Total Number of Pages in This Submission	6	Attorney Docket Number	74120-301396

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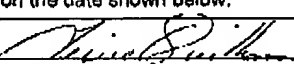
DEC 22 2005

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Cover Sheet (1p); Certificate of Facsimile Transmission Under 37 CFR 1.8 (1p); Credit Card Payment Form PTO 2038 (1p)
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Firm	Paegre & Benson LLP		
Signature			
Printed Name	Damon A. Rieth		
Date	December 22, 2005	Reg. No.	52,167

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PTO/SB/97 (09-04)

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Fax Transmittal Sheet	1 page
Transmittal Form	1 page
Certificate of Fax Transmission Under 37 CFR 1.8	1 page
Fee Transmittal for FY 2005	1 page
Credit Card Payment Form PTO-2038	1 page
Notice of Appeal PTO/SB/31	1 page

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).		Complete If Known	
<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2005</h3>		Application Number	09/982,721
		Filing Date	10/18/2001
		First Named Inventor	Siocombe et al.
		Examiner Name	Patul, Ashokkumar B.
		Art Unit	2154
		Attorney Docket No.	74120-301396
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) 500		

METHOD OF PAYMENT (check all that apply)

- ☐ Check
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 ☐ Other (please identify) : _____
- ☒ Deposit Account
 Deposit Account Number: 06-0029
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- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
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 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
_____ -20 or HP= _____	x _____	= _____
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
_____ -3 or HP= _____	x _____	= _____
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal Fee

Fees Paid (\$)

\$500

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	52,167
Name (Print/Type)	Duron A. Rieth	Telephone	303-447-7733
		Date	December 22, 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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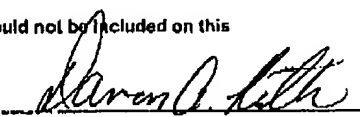
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 74120-301396		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>December 22, 2005</u> . Signature _____ Typed or printed name <u>Terry Quillin</u>	In re Application of <u>Slocumbe et al.</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Application Number 09/982,721</td> <td style="width: 40%;">Filed 10/18/2001</td> </tr> </table>		Application Number 09/982,721	Filed 10/18/2001
Application Number 09/982,721	Filed 10/18/2001			
For Content Request Routing and Load Balancing for Content Distribution Networks <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Art Unit 2154</td> <td style="width: 50%;">Examiner Patel, Ashokkumar B.</td> </tr> </table>			Art Unit 2154	Examiner Patel, Ashokkumar B.
Art Unit 2154	Examiner Patel, Ashokkumar B.			
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) \$ 500 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: \$ _____ <input type="checkbox"/> A check in the amount of the fee is enclosed. 12/23/2005 TL0111 00000017 09982721 <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. 01 FC:1481 500.00 OP <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>06-0029</u> . I have enclosed a duplicate copy of this sheet. <input type="checkbox"/> A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/98) <input checked="" type="checkbox"/> attorney or agent of record. Registration number _____ <input type="checkbox"/> attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34, _____	<div style="text-align: center;">  Signature Damon A. Rieth Typed or printed name 303-447-7739 Telephone number December 22, 2005 Date </div>			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				

☐ *Total of _____ forms are submitted.

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